

Name  
in  
Full

James Beecher

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Fords Store	Town	Queen Anne's	County	MARYLAND
Date of death	1906	Month July	Day 23	Age 67	Years Months Days
Sex	Male	Color or Race	White	Birth-place	New Jersey
Occupation	Oysterman	Where Residing if not at place of death Fords Store			
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

(59)

PHYSICIAN  
OR CORONER

Primary	Gunshot wound in head	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John M. Key, Coroner  
Queenstown

Md

Accident or Suicide? Suicide



Name  
in  
Full

Susie C. Bolden

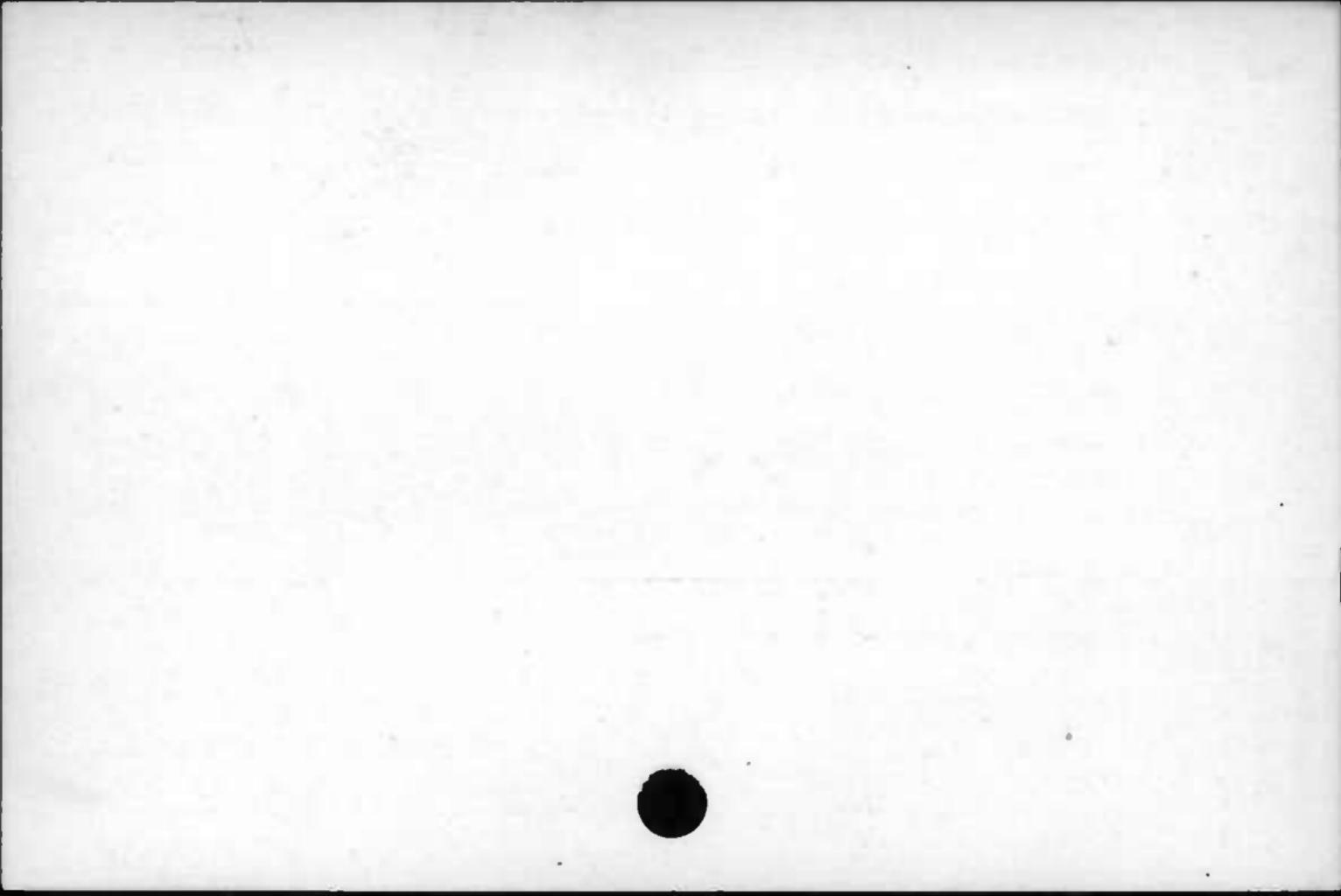
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month July	Day 16	Years 30
Age 30	Months 6	Days 0	
Sex Female	Color or Race Neg	Birth-place S. A. Co.	
Occupation Housewife	Where Residing if not at place of death Winchester		
Married, Single or Widowed	Name of Husband Solomon Bolden	Father's Birthplace S. A. Co.	
Father's Name David Smallwood.	Mother's Birthplace S. A. Co.		
Mother's Name Harriet Grinnage	How related to deceased Mother		
Name of person giving information "	"		

CAUSES OF DEATH

Primary	Valvular Disease of Heart.		How long Not known.
Immediate	"	"	How long One week.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician E. F. Smith M.D.	
		Address Centreville Md.	
PHYSICIAN OR CORONER			
Accident or Suicide?			



Name  
in  
Full

Dead Born Infant Brown

CERTIFICATE OF DEATH

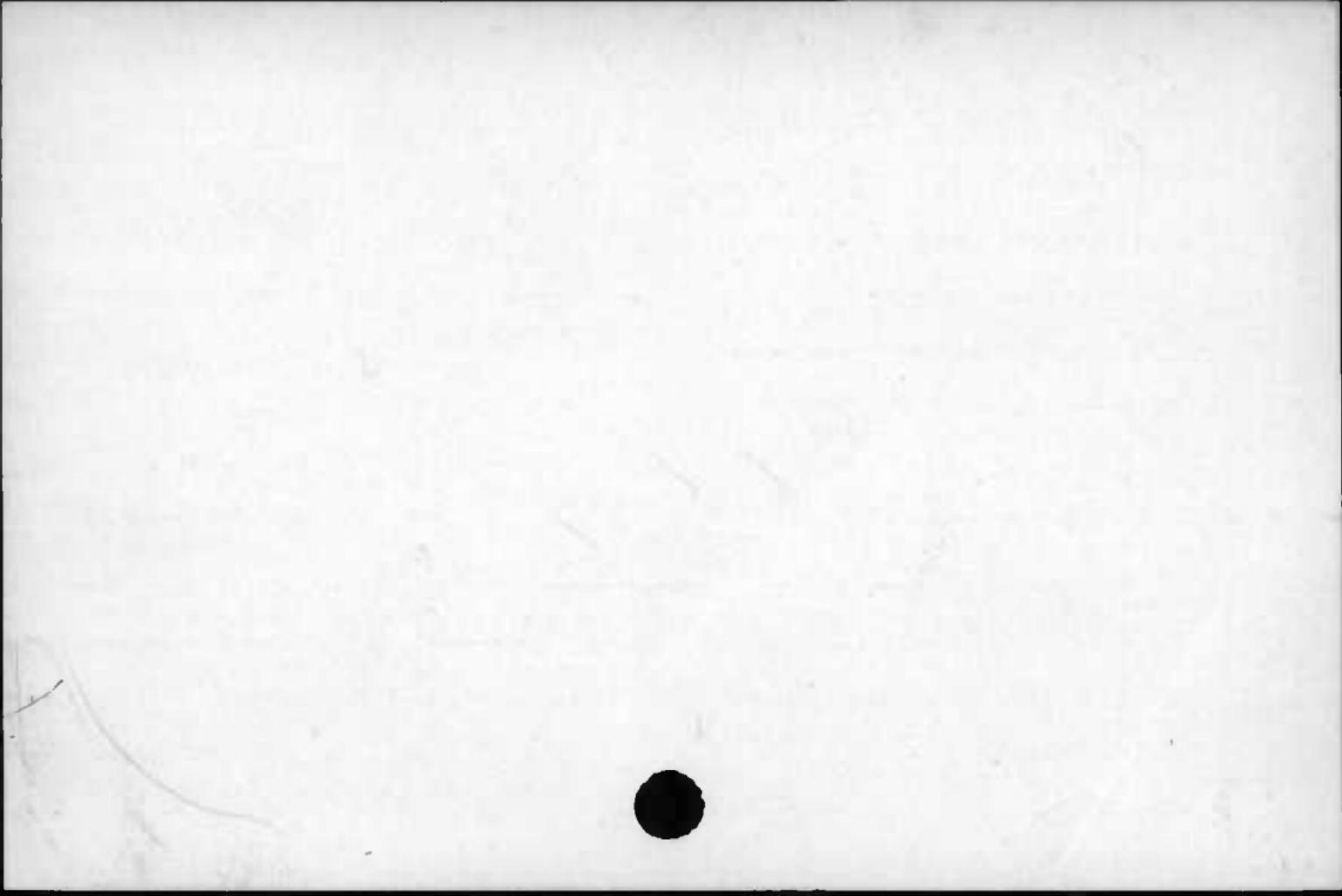
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Brownsville	2. a.		
Date of death	Month	Day	Years
1906	7	24	—
Sex	Age	Months	Days
Male	—	—	—
Occupation	Color or Race	Birth-place	
None	Black	Brownsville	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
—	—	—	
Father's Name	Chas Brown	Father's Birthplace	2 a les
Mother's Maiden Name	Laura Bleach	Mother's Birthplace	2. a. les
Name of person giving information	Laura Bleach	How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dead Born	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jayor Grace Judd
		Address	Brownsville
Accident or Suicide?	220		2 a le



Name  
in  
Full

Harriet M. Butler,

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County	MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>27</u>	Years <u>17</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Femail</u>	Color or Race <u>Black</u>			Birth-place <u>Baltimore</u>	
Occupation <u>Cooking</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Gideon T. Butler</u>	Father's Birthplace <u>Lake</u>				
Mother's Maiden Name <u>Mary E. Gibbs</u>	Mother's Birthplace <u>Lake</u>				
Name of person giving information <u>Chas. K. Butler</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis (pulmonary)

How long

one year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician



Address

Madame  
Successor, Md.

Accident or Suicide?



Name  
in  
Full

Mildred McF. Caple

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	
Died at Burrowsville	2 d	
Date of death 1906	Month 7	Day 17
Age	Years	Months 8
Sex Female	Color or Race White	Days 13
Occupation nursing	Where Residing if not at place of death	Place of death
Married, Single or Widowed single	Name of Wife or Husband	
Father's Name James Caple	Father's Birthplace 24.60 N.E.	
Mother's Maiden Name Rose L. McFarland	Mother's Birthplace 24.60 N.E.	
Name of person giving information	How related to deceased	Grandfather
Wm L. McFarland		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Centrocolitis (105)

How long

3 weeks

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jayford Grandview  
Burrowsville  
Md

Accident or Suicide?

no



Name  
in  
Full

Alice Roy Crossley

CERTIFICATE OF DEATH

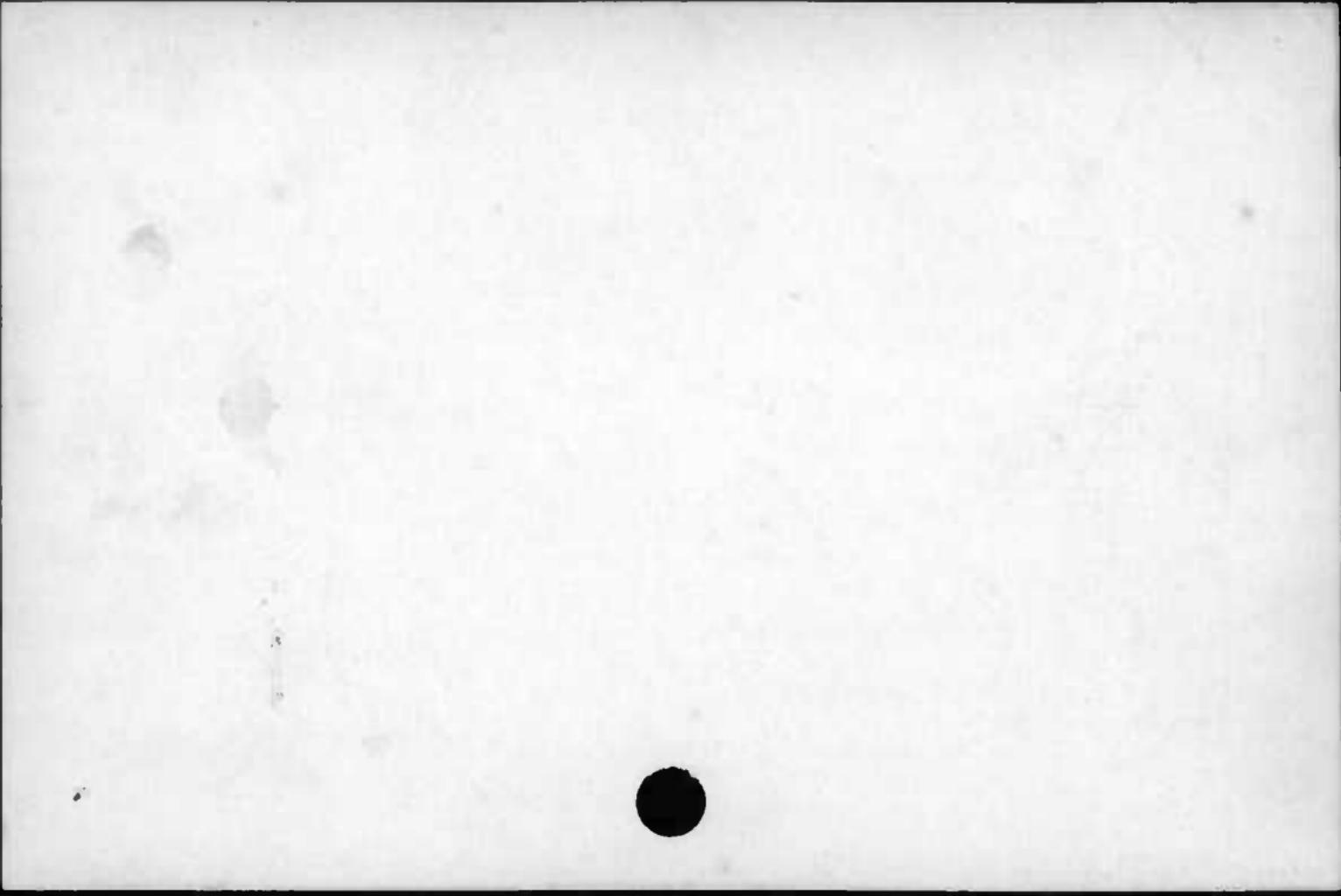
TO BE ANSWERED BY  
NEAREST FRIEND

Died:	Town	County	MARYLAND
Date of death 1906	Month July	Day 28	Years 1
Sex Female	Color or Race white	Birth place	near Church Hill Queen Anne
Occupation	Where Residing If not at place of death	at place of death	
Married Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Single	Samuel G. Crossley	Samuel G. Crossley	Ind
Mother's Maiden Name	Alice Roy Boy	Mother's Birthplace	Ind
Name of person giving Information	Samuel G. Crossley	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	(15)	How long 2 wks.
Immediate	Exhaustion	(15)	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. G. Cophoge
		Address	Church Hill
Accident or Suicide?			Ind.



Name  
in  
Full

Maryde A Dodd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

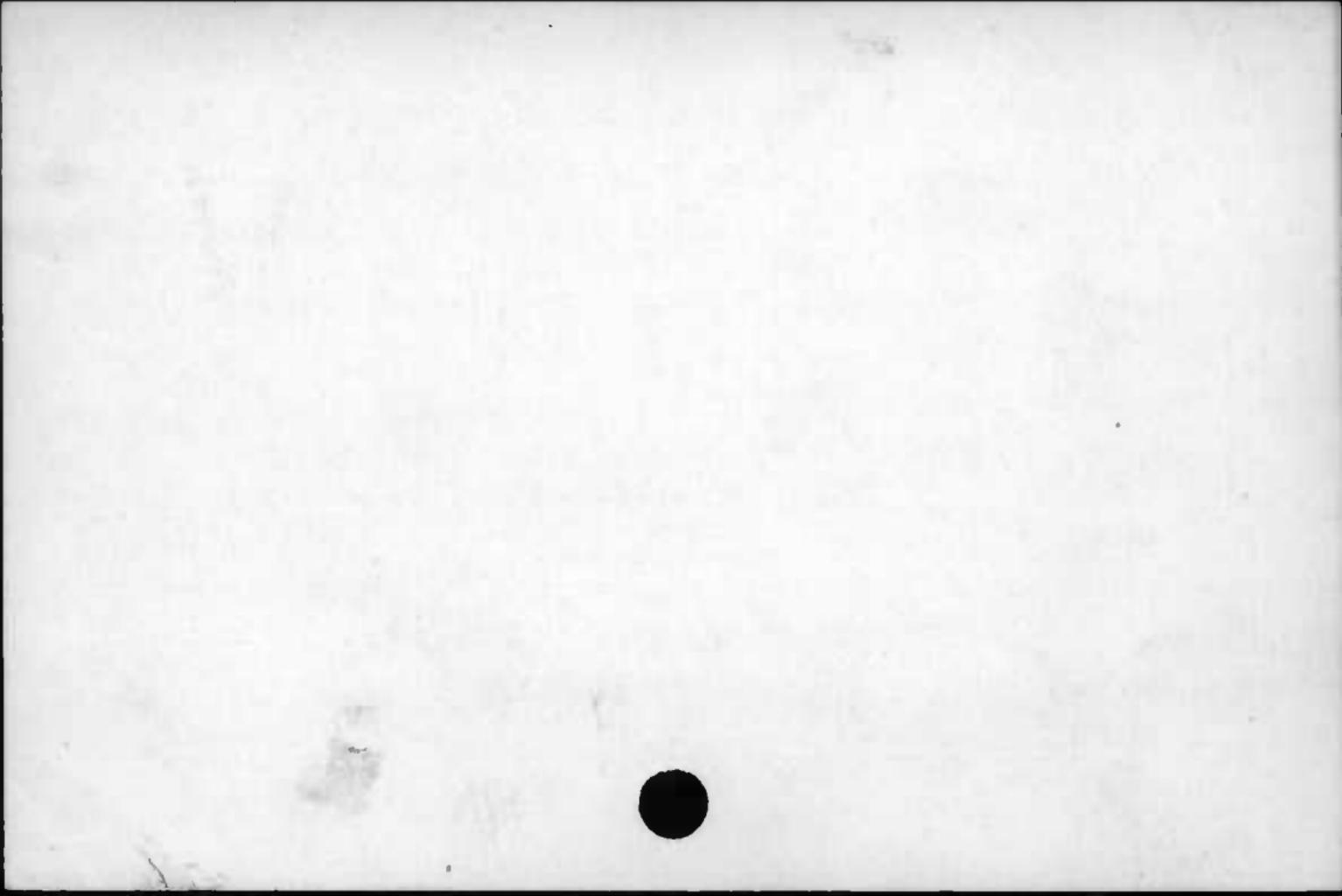
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Calored.	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jes Dodd		Father's Birthplace	Magdlena	
Mother's Maiden Name	Ara Blake		Mother's Birthplace	Maryland	
Name of person giving information	Jes Dodd		How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: Mitral insufficiency & dropsy About 1 year  
Immediate: Anaemia but Oxytheneic If weeks.  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Dr. S. Cappage  
Address Church Hill Md.

Accident or Suicide?



Name  
in  
Full

Cooper S Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

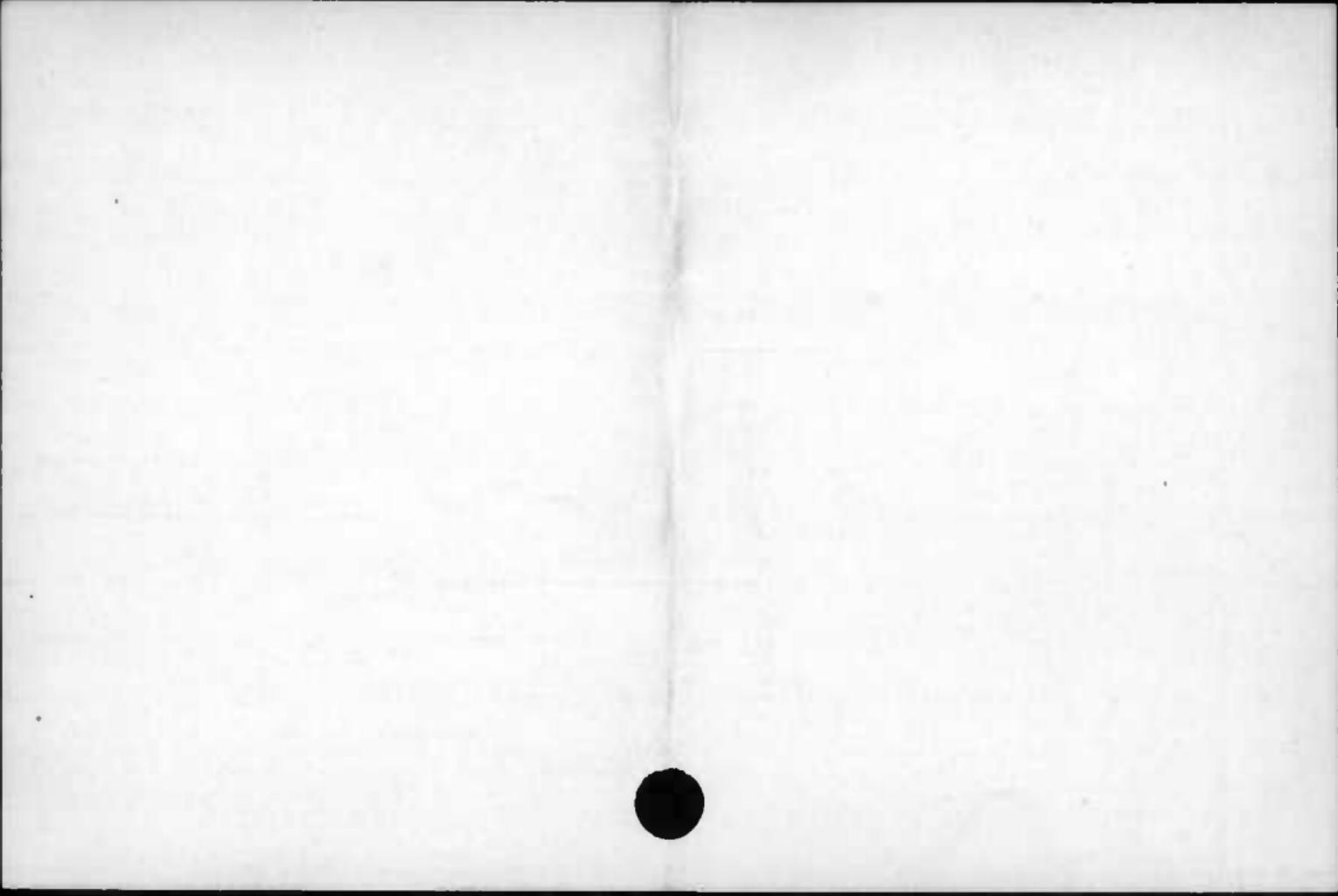
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	7	6	7 months
Sex	Male	Color or race	Birth-place
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Cooper S Elliott  
Mary Brown  
Cooper S Elliott

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum		
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	Fowler Suds Sudsbury Sudsbury Md.		



Name  
in  
Full

Mrs Amie E Fallowfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sudlersville	Harran Anne			
Date of death	Month	Day	Years	Months	Days
1906	7	28	80		
Sex	Color or Race	Birth-place			
Female	White	Md			
Occupation	Where Residing if not at place of death				
Housewife	Wm W. Fallowfield				
Married, Single or Widowed	Name of Wife or Husband				
	Wm W. Fallowfield				
Father's Name	Father's Birthplace				
Wm Parkins					
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Son in law Wallace	Son in law				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Advanced age

(54)  
How long

Immediate

General Debility of same illness

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Groste, Sudlersville

Accident or Suicide?



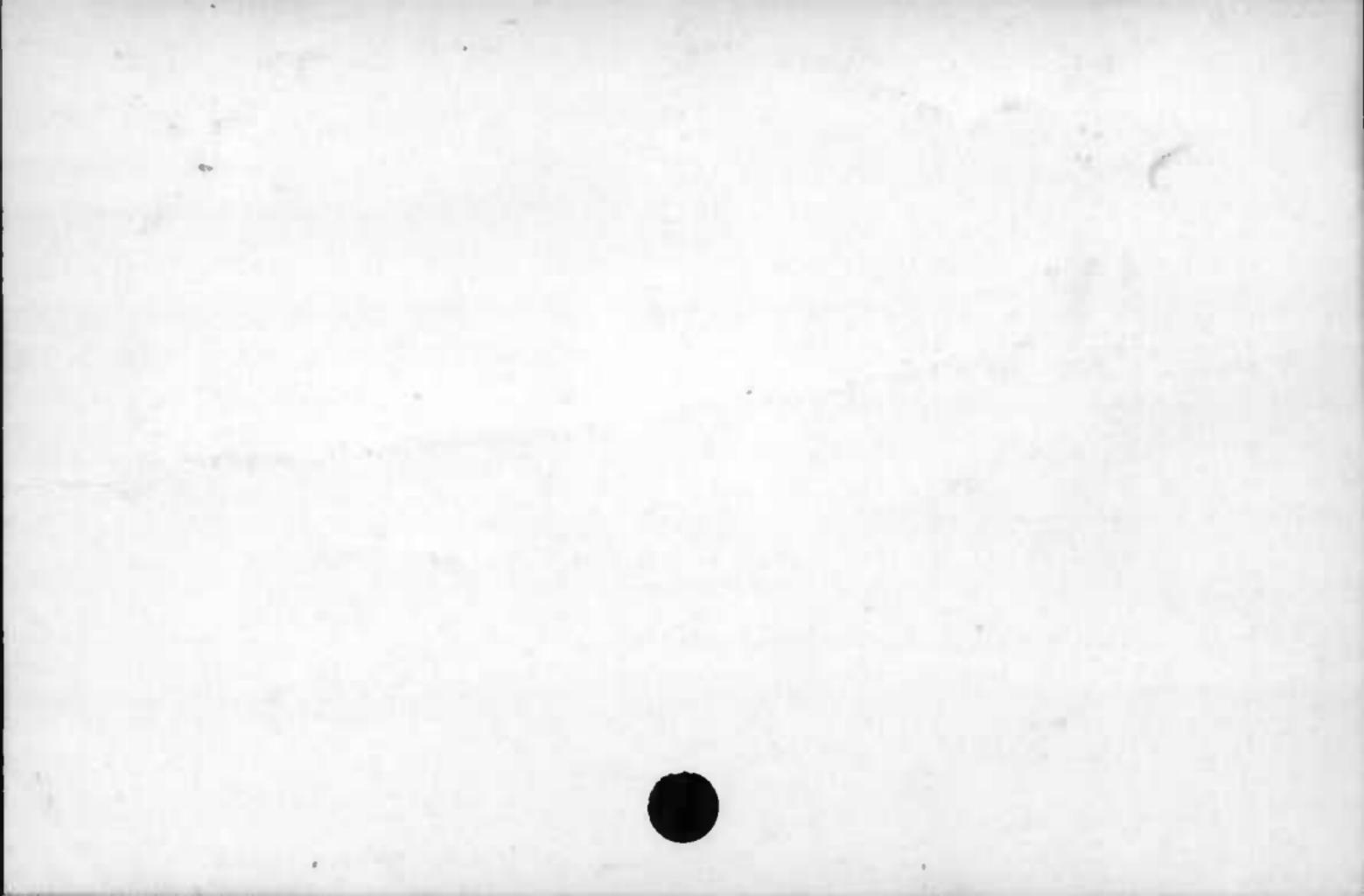
Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Near Church Hill</u> Town		<u>Green Avenue</u> County		Maryland		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>18<sup>a</sup></u>	Years <u>—</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Near Church Hill</u>				
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>James Horace Finley</u>	Father's Birthplace <u>Near Church Hill</u>					
Mother's Maiden Name <u>Mary Virginia Bradley</u>	Mother's Birthplace <u>Near Church Hill</u>					
Name of person giving information <u>Edg</u>	How related to deceased					
CAUSES OF DEATH						
Primary				How long <u>—</u>		
Immediate <u>Still born</u>				How long <u>—</u>		
Are the name, age, sex, color, date and place correctly given above? <u>—</u>				Signature of Physician <u>J. H. H. G. Weedon</u>		
				Address <u>Church Hill, Md.</u>		
Accident or Suicide?						



Name  
in  
Full

Richard Gould

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	7	28	1
Sex	Age	Months	Days
Male	1	7	0
Occupation	Color or Race	Birth-place	
	Negro	Gouldtown	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
—	—	—	
Father's Name	Richard Henry Gould		
Mother's Maiden Name	Nannie Wilson		
Name of person giving information	Richard Henry Gould		
Father's Birthplace	D.A. Co Md		
Mother's Birthplace	" " "		
How related to deceased	Father		

CAUSES OF DEATH

Whooping Cough S

How long

Three Mos.

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Robt. Weddick F.W.

Accident or Suicide?



Name  
in  
Full

Oram Goedsborough Oram

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> New Church Hill		<sup>County</sup> Queen Anne's		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Queen Anne's Co	
Occupation	Farm laborer			Where Residing if not at place of death		
Married, Single or Widowed	Singel	Name of Wife or Husband				
Father's Name	Soren C. Grana			Father's Birthplace	Baltimore Co	
Mother's Maiden Name	Lizzie Goedsborough			Mother's Birthplace	Kent Co	
Name of person giving information	Soren C. Grana			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

4 mos -  
Exhaustion

Immediate

How long

20 min

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. S. Dudley MD  
New Church Hill  
Maryland

Accident or Suicide?

No



Name  
in  
Full

Margiech Grimm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	24	9	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Beij L. Grimm			
Father's Name	Sam L. Everett				
Mother's Maiden Name	Rachel E. Burris				
Name of person giving information	Beij L. Grimm				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis Pulmonalis

How long

3 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

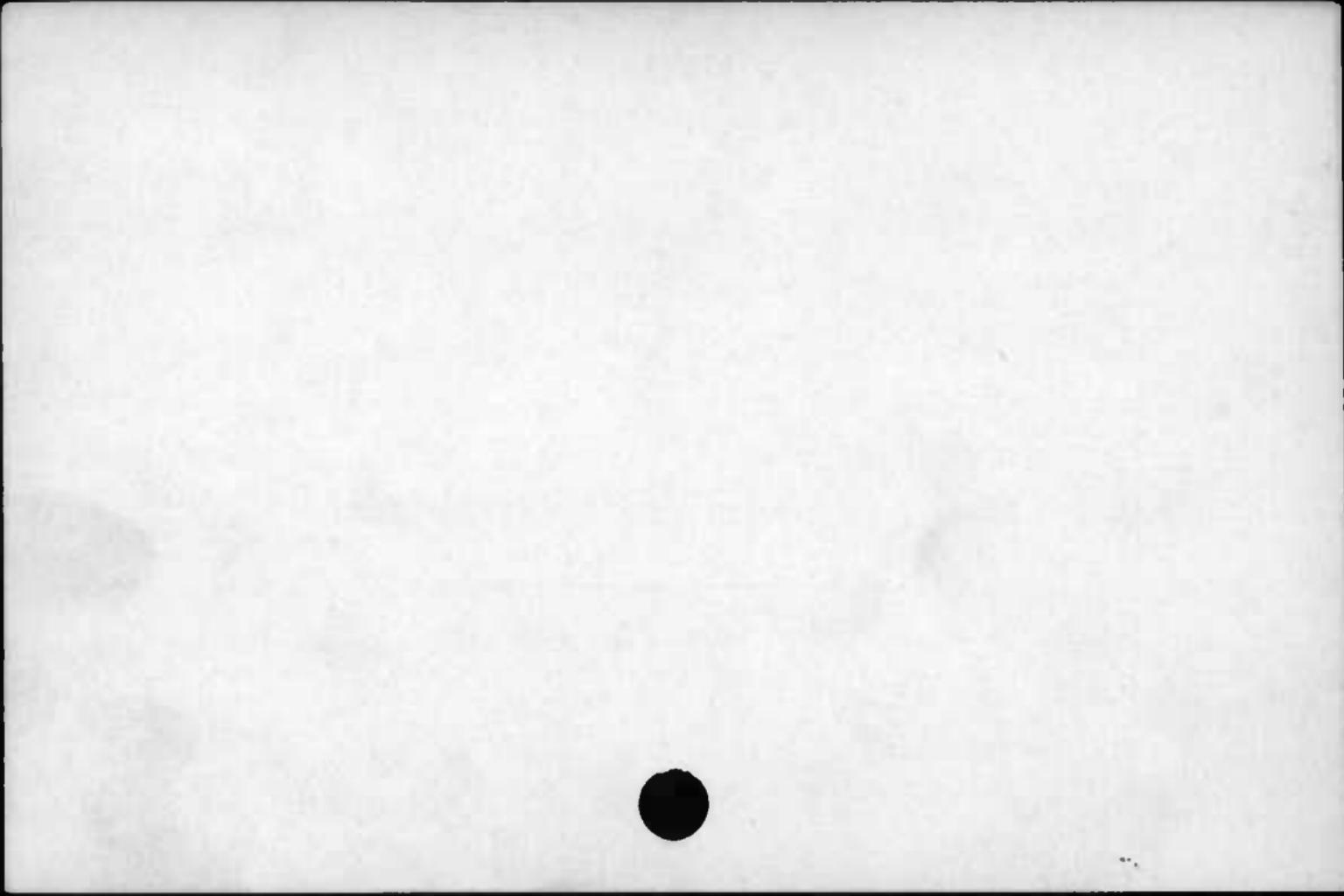
Address

C O Gormane M.D.

Hilliengton Md

Accident or Suicide

Yes



Name  
in  
Full

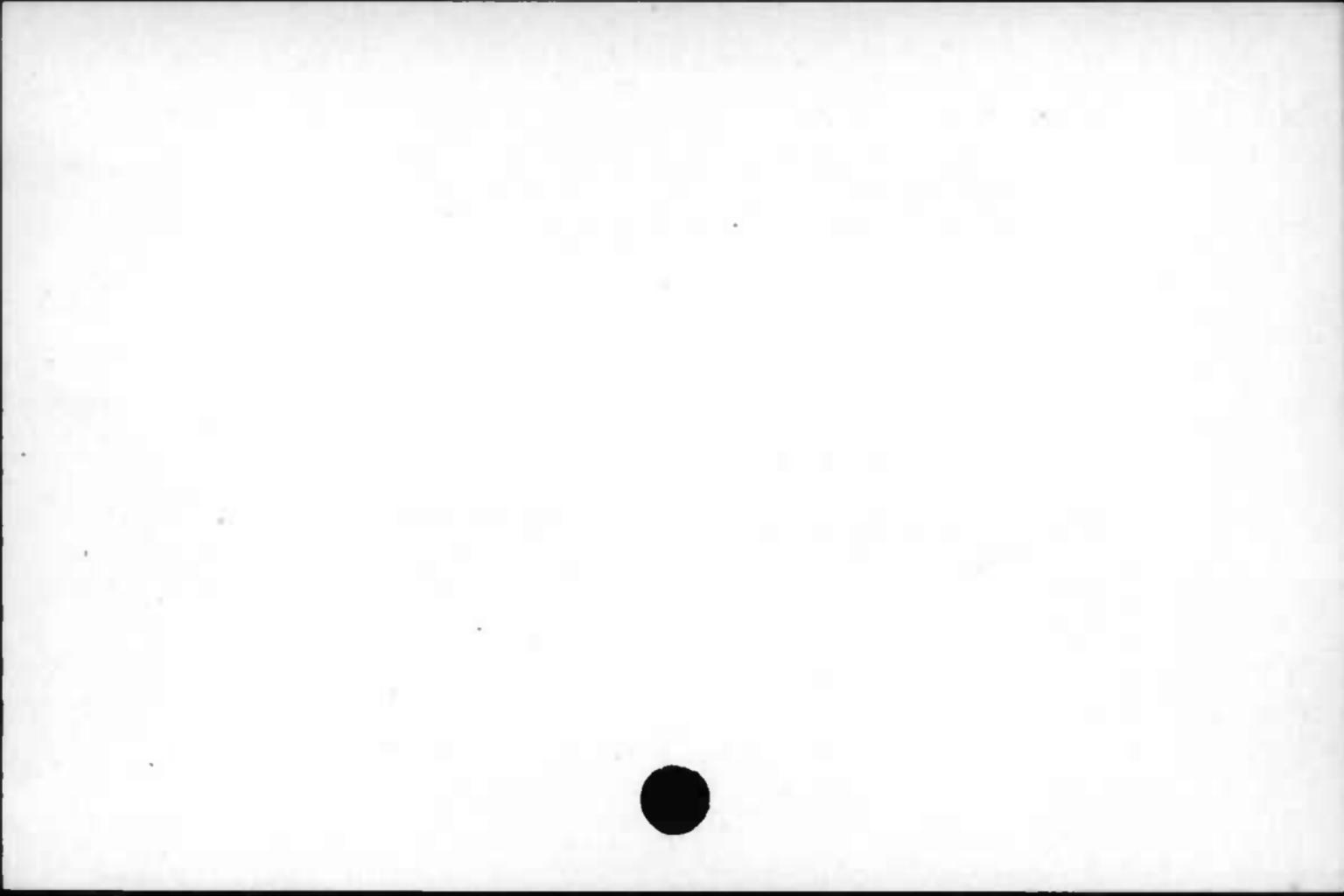
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Winchester</u>		Town <u>Kelley</u>		County <u>Ia.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Winchester Md</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>H R. Kelley</u>	Father's Birthplace <u>Winona Co</u>						
Mother's Maiden Name <u>Racenna Taylor</u>	Mother's Birthplace <u>Alameda Co</u>						
Name of person giving Information <u>H R. Kelley</u>	How related to deceased <u>Father</u>						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Premature Birth</u>	( <u>15</u> )	How long
	Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Long Henry</u>
		Address	<u>Stevensville Md</u>
Accident or Suicide?			



Name

in

Form

Thas, Wood Kendall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	7	8	52	9	14
Sex	Color or Race	Age	Birth-place		
Male	American		Kent Co. Md.		
Occupation	Where Residing if not at place of death				
Capt. of Sall Yacht					
Married, Single or Widowed	Name of Wife or Husband	Marian Kendall			
Married	Mariam Kendall	Father's Birthplace	Kent Co. Md.		
Father's Name	Horris Kendall	Mother's Birthplace	" " "		
Mother's Maiden Name	Nancy Wood	How related to deceased	Sister		
Name of person giving information	Anas Kendall				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental fall from window

(X)

How long

Immediate

Fractured neck &amp; skull

How long

Immediat

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas Bordley M.D.  
Centerville Md.

Accident or Suicide?



Name  
in  
Full

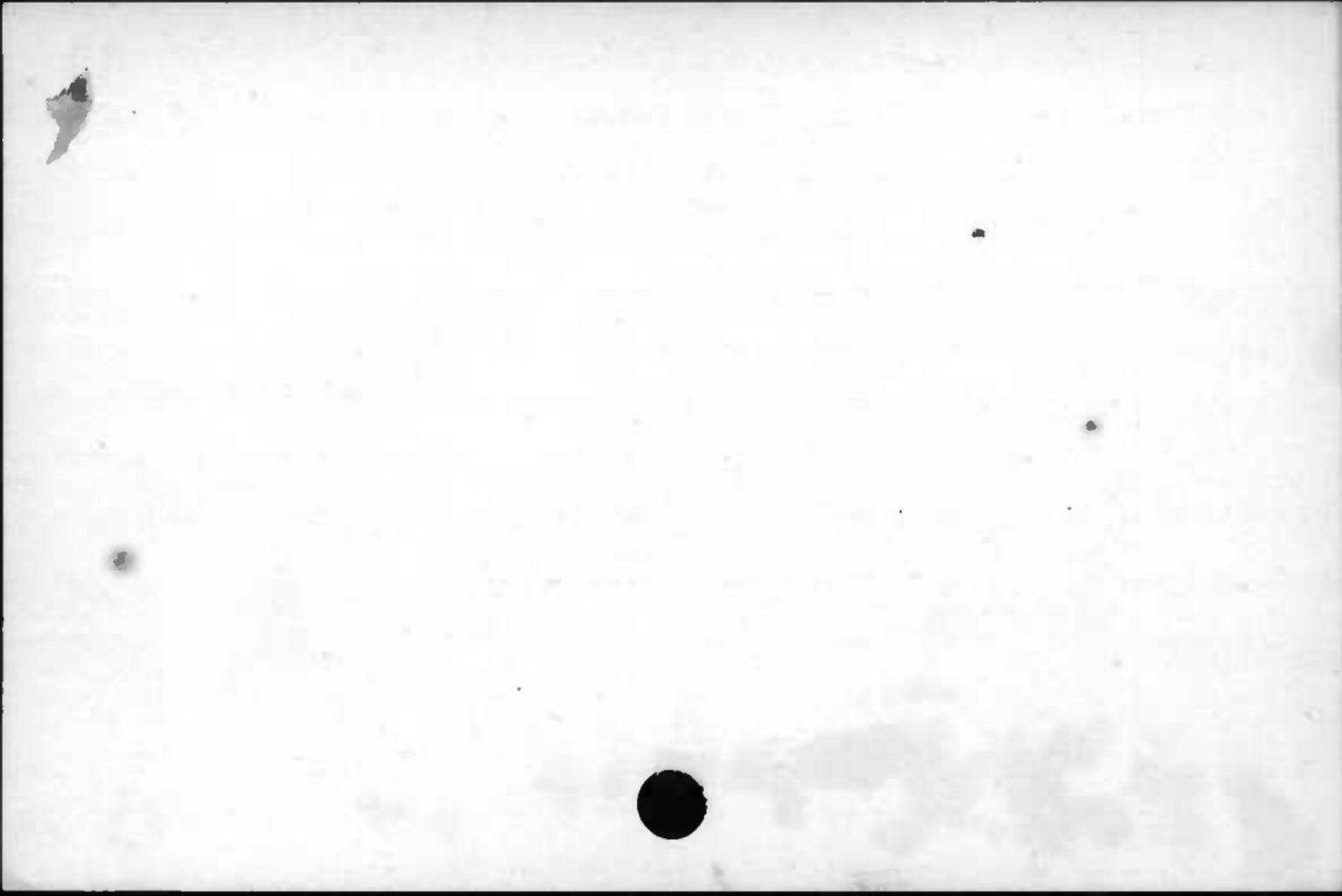
TO BE ANSWERED BY  
NEAREST FRIEND

Mary Matilda Mathews					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sax	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Who or Husband	John Mathews					
Father's Name	Vernon Marsh	Father's Birthplace					
Mother's Maiden Name	Queens	Mother's Birthplace					
Name of person giving information	Harriet Yungo	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arterio sclerotic	(64)	How long	2 to 3 yrs
Immediate	Paralysis of larynx	or laryngeal spasm	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Maryland
			Address	Columbia
Accident or Suicide?		no		Jaeger



Name  
in  
Full

Mrs Elizabeth May  
near Centreville Queen Anne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	60	15-
Occupation	Lady	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name	W. Shad, May			Father's Birthplace	Del.
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Annie L Dulie			How related to deceased	Daughter

## CAUSES OF DEATH

Primary

General debility

How long

3 years.

Immediate

..

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. F. Smith M.D.  
Centreville  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

Charity A. Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	July	28	Age	68.	
Sex	Female	Color or Race	White	Birth-place	Delaware
Occupation	Housekeeper				
Where Residing if not at place of death	At home.				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Lorenza D. Morris				
Mother's Maiden Name	Mary Truitt				
Name of person giving information	Mary Burke				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

How long

2 weeks

Immediate

Prostration

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

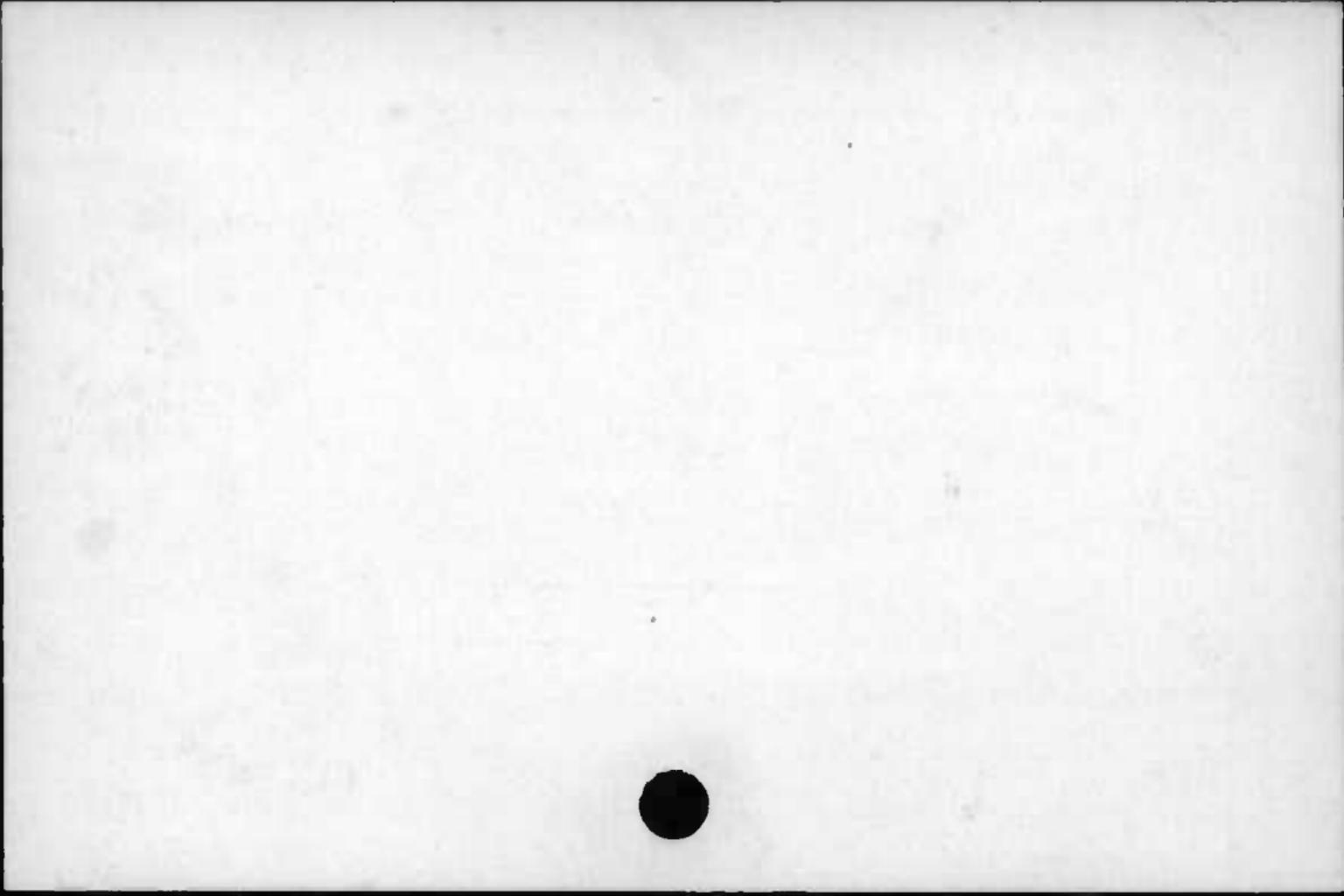
Yes

Signature of Physician

Address

Dr. J. Dudley  
Church Hill Md.

Accident or Suicide?



Name  
in  
Full

Martha Jane Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Town County  
~~Centreville~~ ~~Caroline~~ Anne Arundel

MARYLAND

Date Month Day Years Months Days  
of death 1906 7 12 Age 59 — —

Sex Female

Color or  
Race

White

Birth-  
place

Caroline Co.

Occupation

Lady

Where Residing If not  
at place of death

Hedgesley

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

William Neal

Father's  
Name

James Dippin

Father's  
Birthplace

Caroline Co.

Mother's  
Maiden Name

Mary J. Beale

Mother's  
Birthplace

Name of person giving  
Information

Ray Turner

How related  
to deceased

" " none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

(2)

How long

years

Immediate

exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. D. Eng  
Doverville Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James Robinson					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1906	Month July	Day 29	Years	Months	Days	0
Sex	Male	Color or Race	White	Birth-place	Near Wellington		
Occupation	Infant	Where Residing if not at place of death					
Married, Single, or Widowed	—	Name of Wife or Husband	—				
Father's Name	Wm A. Robinson		Father's Birthplace	Greenland			
Mother's Maiden Name	Ella Pippin		Mother's Birthplace	New York			
Name of person giving information	Wm A. Robinson		How related to deceased	Father -			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Still Born S. How long —

Immediate Still Born S. How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Wm George Simmon

Chestertown  
Md.

Accident or Suicide? No



Name  
in  
Full

Joha. H. Ruth.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month July	Day 16	Years 67	Months	Days
Sex Male	Color or Race White	Birth-place 206			
Occupation Retired	Where Residing if not at place of death near Queenstown				
Married, Single or Widowed Married	Name of Wife or Husband Laura C. Ruth	Father's Birthplace 2. a. Co.			
Father's Name James H. Ruth	Mother's Birthplace " "				
Mother's Maiden Name Mary Lefford	How related to deceased Son in Law				
Name of person giving information Mrs. Lewes					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac hypertrophy with dilatation.

How long

5-6 yrs.

Immediate

Stress - exhaustion

How long

4 months -

Are the name, age, sex, color, date and place correctly given above?

Yes

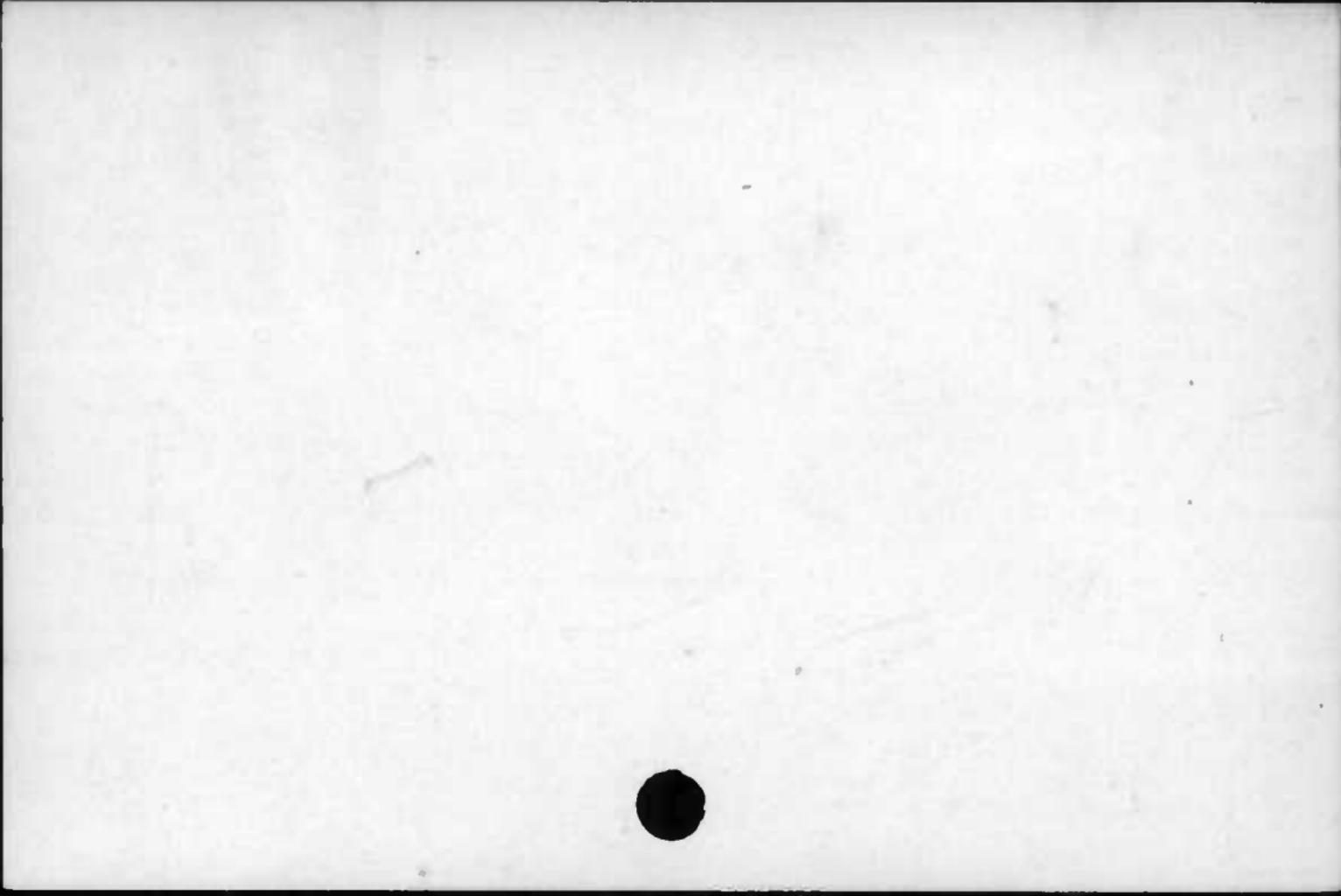
Signature of Physician.

W. H. Davis.

Address

Queenstown, Md.

Accident or Suicide?



Name  
in  
Full

Lily May Louisa Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at near Queenstown	County Queen Anne's	MARYLAND			
Date of death 1906 July 15 <sup>th</sup>	Month July	Day 15 <sup>th</sup>	Years Age 10	Months 1	Days
Sex Female	Color or Race Black	Birth-place Queen Anne's			
Occupation School	Where Residing If not at place of death place of death -				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Wm. W. Simpson	Father's Birthplace Caroline Co.				
Mother's Maiden Name Lily Harris	Mother's Birthplace Queen Anne Co.				
Name of person giving Information Wm. W. Simpson 116	How related to deceased Father -				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Peritonitis  
& Suffocation

How long

8 months -

Immediate

How long

6-8 weeks

Are the name, age, sex, color, date  
and place correctly given above?

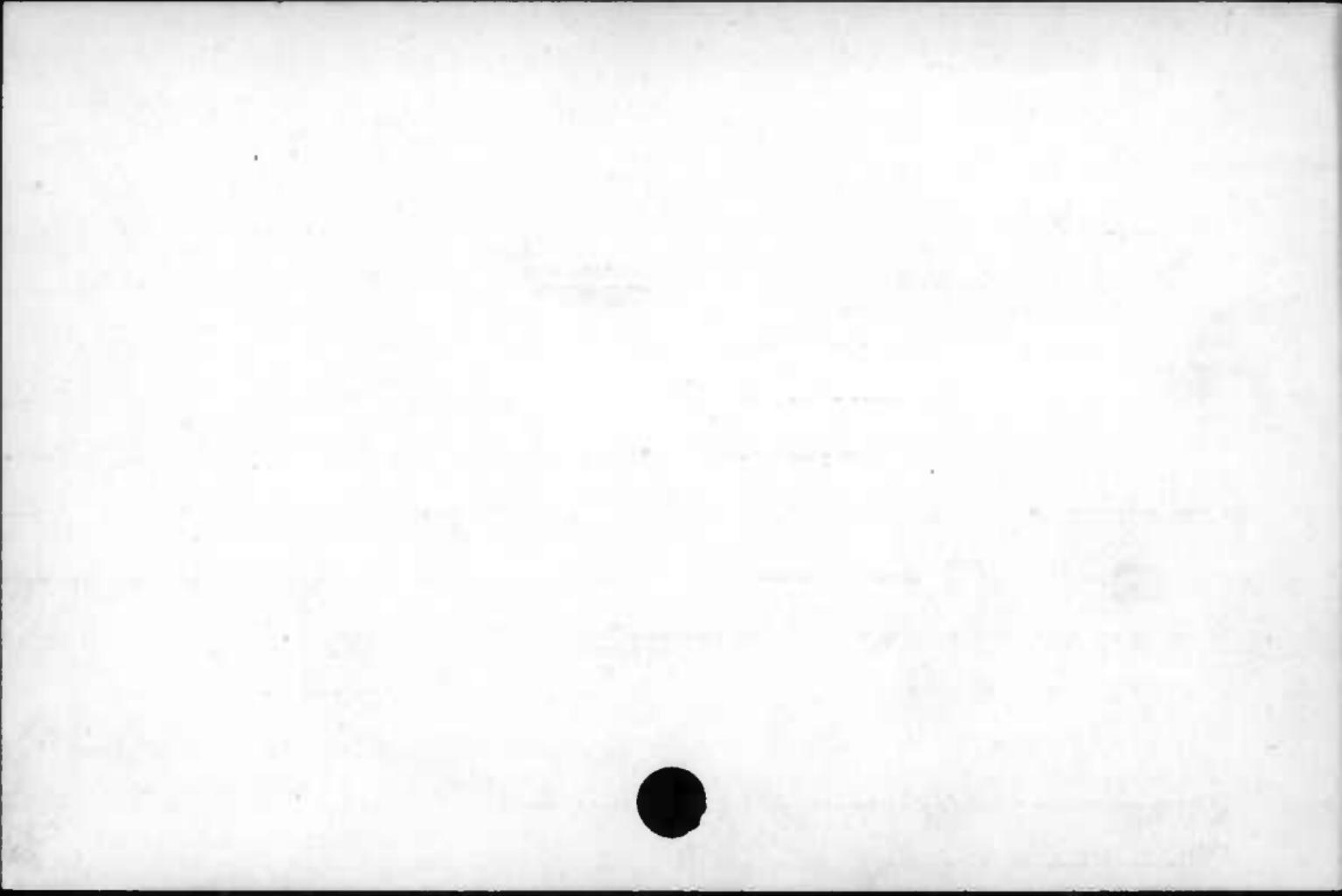
Yes

Signature of  
Physician

W. Adams

Accident or Suicide?

Address  
Queenstown, Md.



Name  
in  
Full

Benj. Oscar Smith

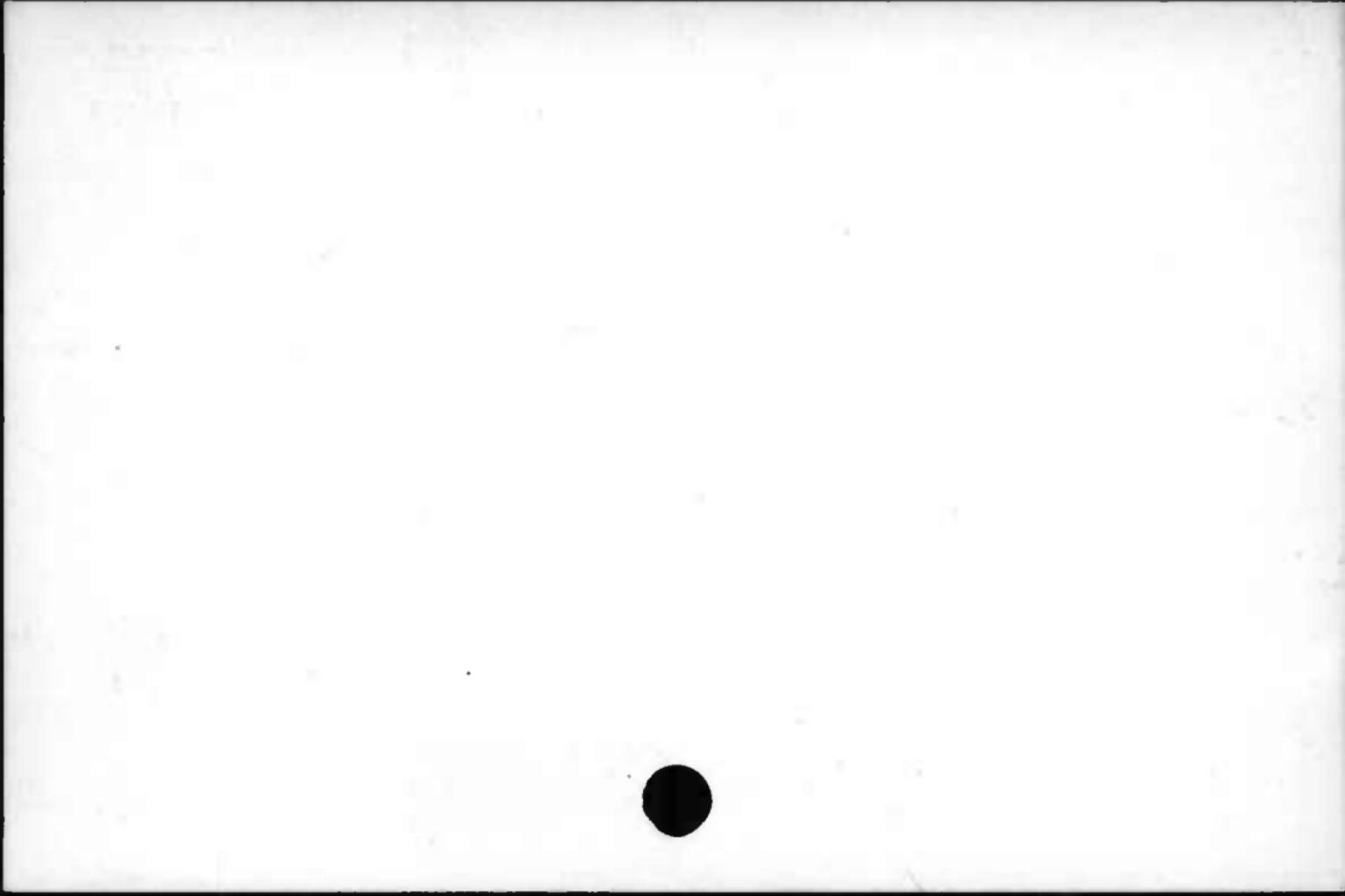
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Winchester	County	Maryland	
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Winchester
Occupation	Where Residing if not et place of death				
Married, Single or Widowed.	Name of Wife or Husband				
Father's Name	B. Oscar Smith				
Mother's Maiden Name	Lottie Collier				
Name of person giving information	George Collier				
CAUSES OF DEATH					
Primary	19				How long
Immediate	natural causes				four or five mo.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Chas O'Conney	
			Address	acting Coroner	
				Fords Stone Ma	

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

David Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

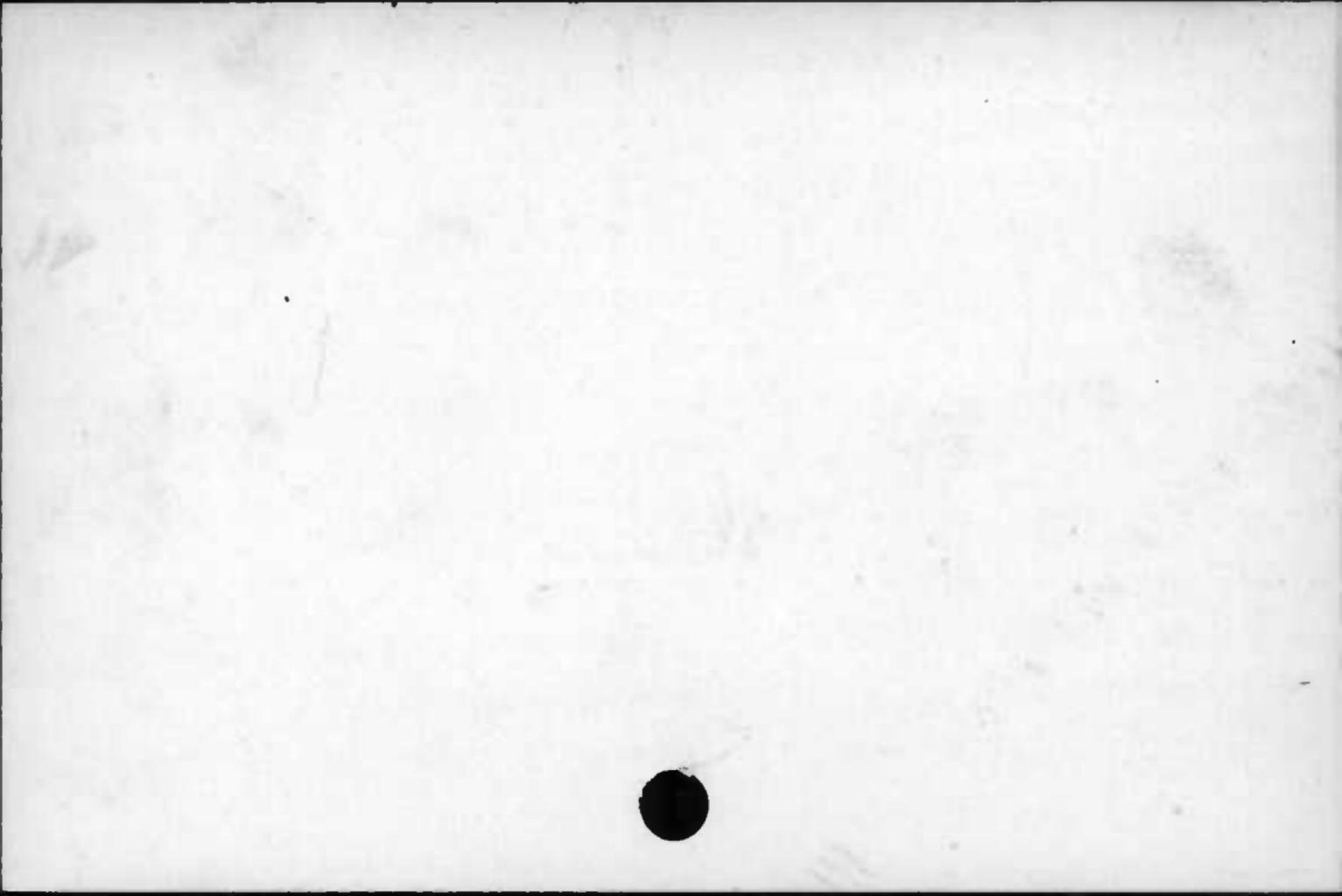
Town	County				
Died at	Esopus	2 a			
Date of death	Month	Day	Years	Months	Days
1906	July	18	Age 72	10	18
Sex	Male	Color or Race	White	Birth-place	Kent Co
Occupation	Where Residing if not at place of death		Esopus		
Married, Single or Widowed	Name of Wife or Husband		Jessie Smith		
Father's Name	Henry Smith		Kent Co		
Mother's Maiden Name	Eliza Lee		Caroline		
Name of person giving information	Jessie Smith		Widow		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Rheumatism (DB) How long Two years  
Immediate Dianhwa How long Five days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician  
Address Howard H. Hopkins,  
Rheumatism.  
M.D.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

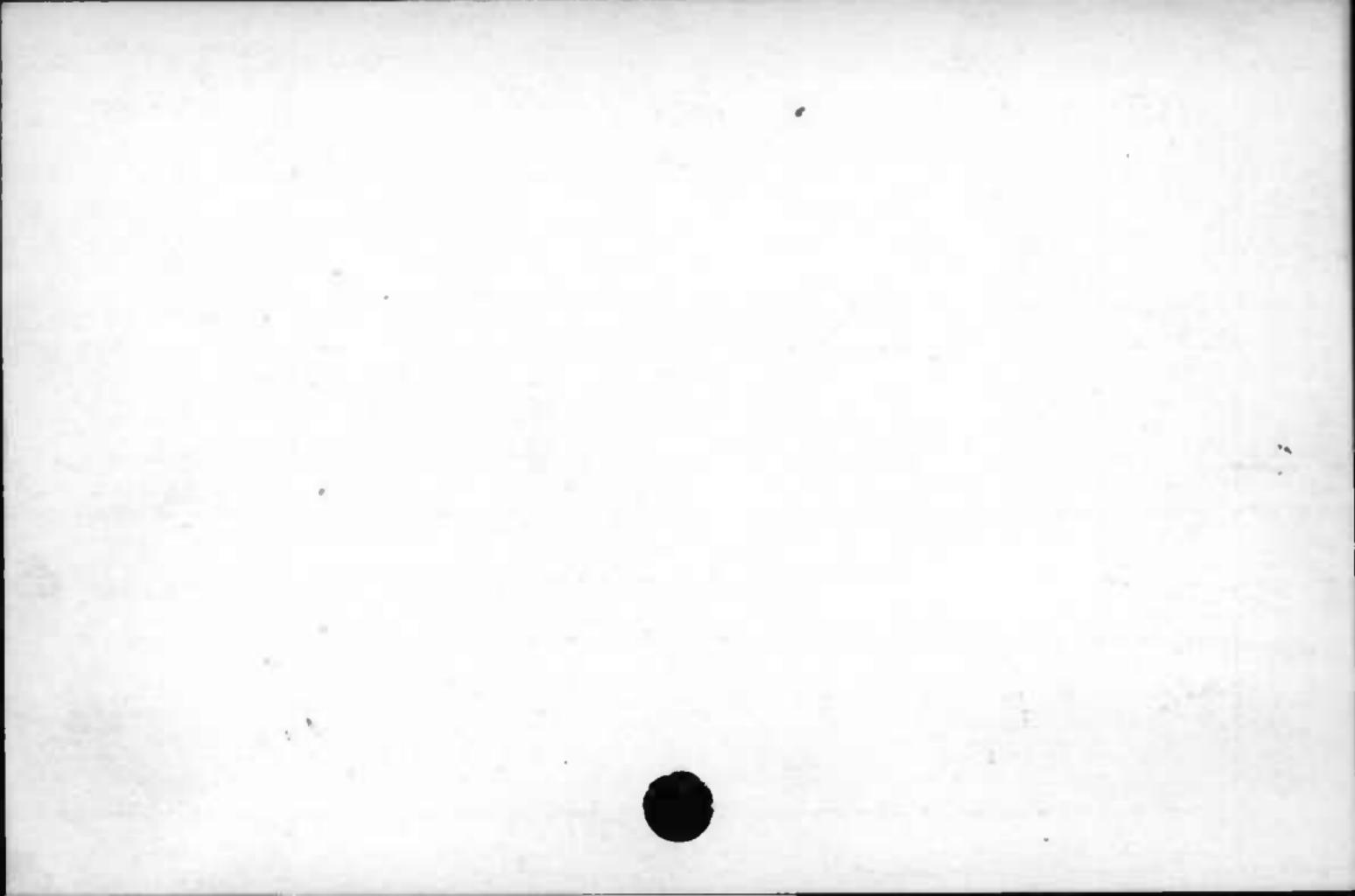
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	Where Residing if not at place of death		Birth-place		
Occupation	Farmer		Frances E. Stevens		Md.		
Married, Single or Widowed	Single		Name of Wife or Husband	Frances E. Stevens		Md.	
Father's Name	James J. Stevens		Frances E. Stevens		Father's Birthplace		
Mother's Maiden Name	Elizabeth Tuckberry		Frances E. Stevens		Mother's Birthplace		
Name of person giving information	James J. Stevens		Frances E. Stevens		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Frances E. Stevens		How long
Immediate	Frances E. Stevens		2 yrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		How long
	(14)		Frances E. Stevens
Address			Englewood
Accident or Suicide?			



Name  
in  
Full

Charles Sudler

CERTIFICATE OF DEATH

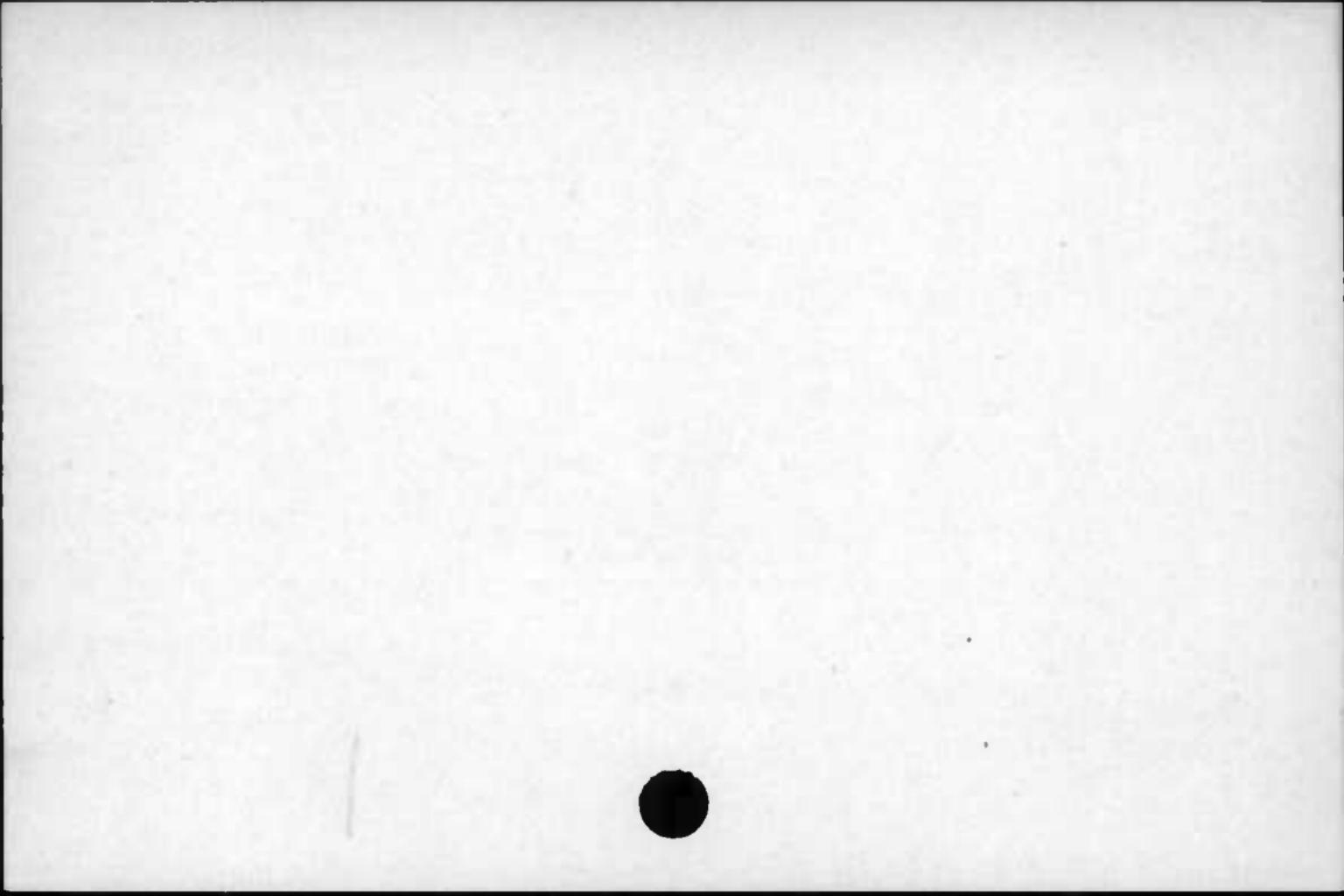
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Wye River	Queen Anne's	
Date of death	Month	Day	Years
1906	July	8	Age 11
Sex	Color or Race	Birth-place	
Male	Black	Lacoeustown	
Occupation	Where Residing if not at place of death		
Farm labor	Larwick		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Dont know
Single	John Sudler		
Mother's Maiden Name	Mary Johnson	Mother's Birthplace	Dont know
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Drowning	112
Immediate	How long
Drowning	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	John M. Aker, Coroner
Address	Lacoeustown
Accident or Suicide?	Md



Name  
in  
Full

George Washington Larman

## CERTIFICATE OF DEATH

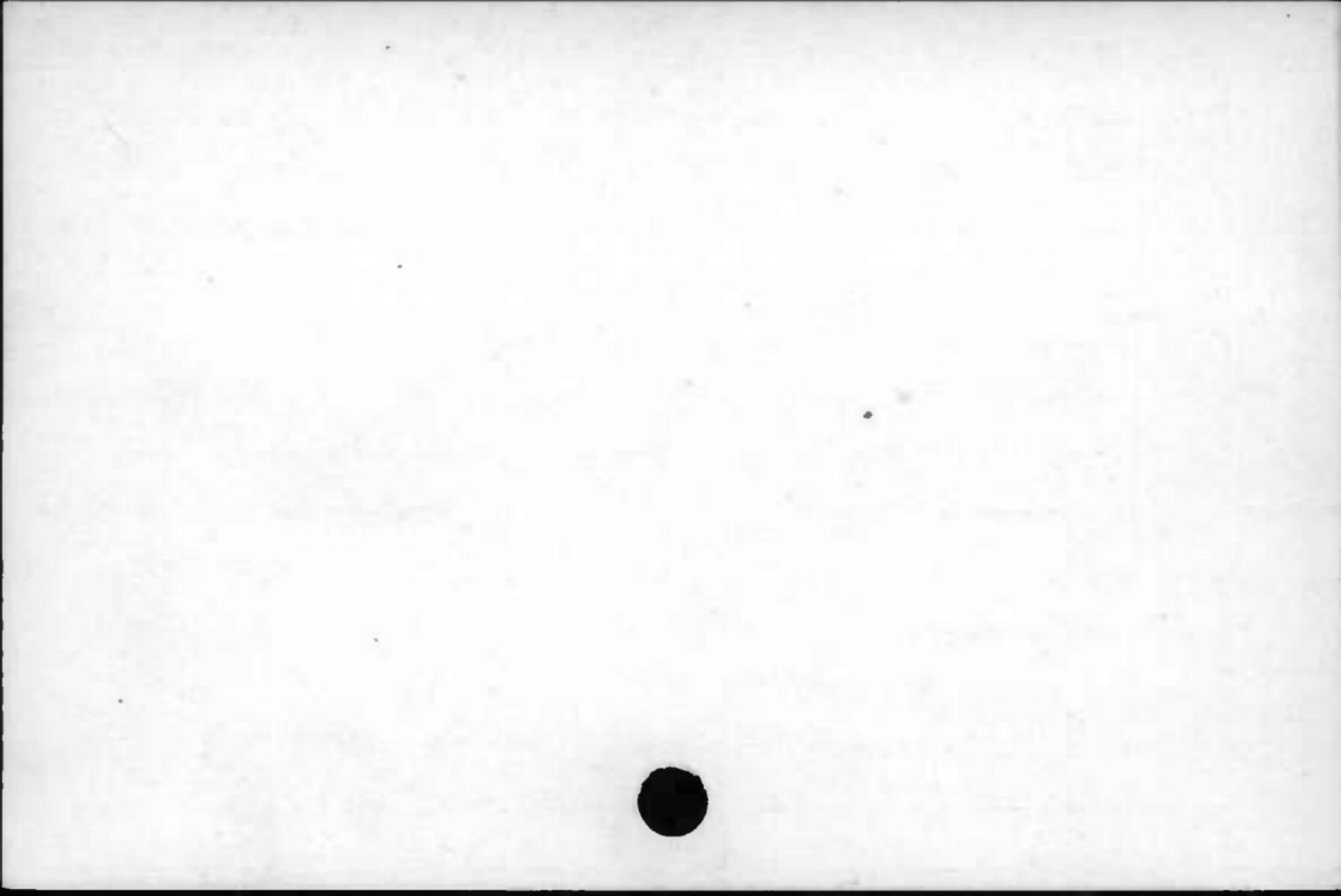
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	29	77	7	6
Sex	Male	Color or Race	White	Birth-place	Queen Anne Co.
Occupation	Brick mason				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Lezekiah Larman				
Mother's Maiden Name	Ary Wooters				
Name of person giving information	John Larman				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tabes Dorsalis		62	How long	Don't know
Immediate	Pneumonia			How long	Two days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. F. Smith	
			Address	Centreville Md.	
Accident or Suicide?					



Name  
in  
Full

Julia Miller Taylor					CERTIFICATE OF DEATH		
Died at Church Hill		Town	Green Anne		County	MARYLAND	
Date of death 1906	Month July	Day 15	Age 38	Years	Months	Days	—
Sex Female	Color or Race White		Birth-place Md.				
Occupation Housewife	Where Residing if not at place of death At Place of death						
Married, Single or Widowed Married	Name of Wife or Husband Elwood F. Taylor						
Father's Name John A. Duncan	Father's Birthplace Md.						
Mother's Maiden Name Anna V. Miller	Mother's Birthplace Md.						
Name of person giving information Mrs. Ida V. Newson	How related to deceased Sister						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis 21 How long 3 Years.

Immediate

Coughing Yes

How long

How long

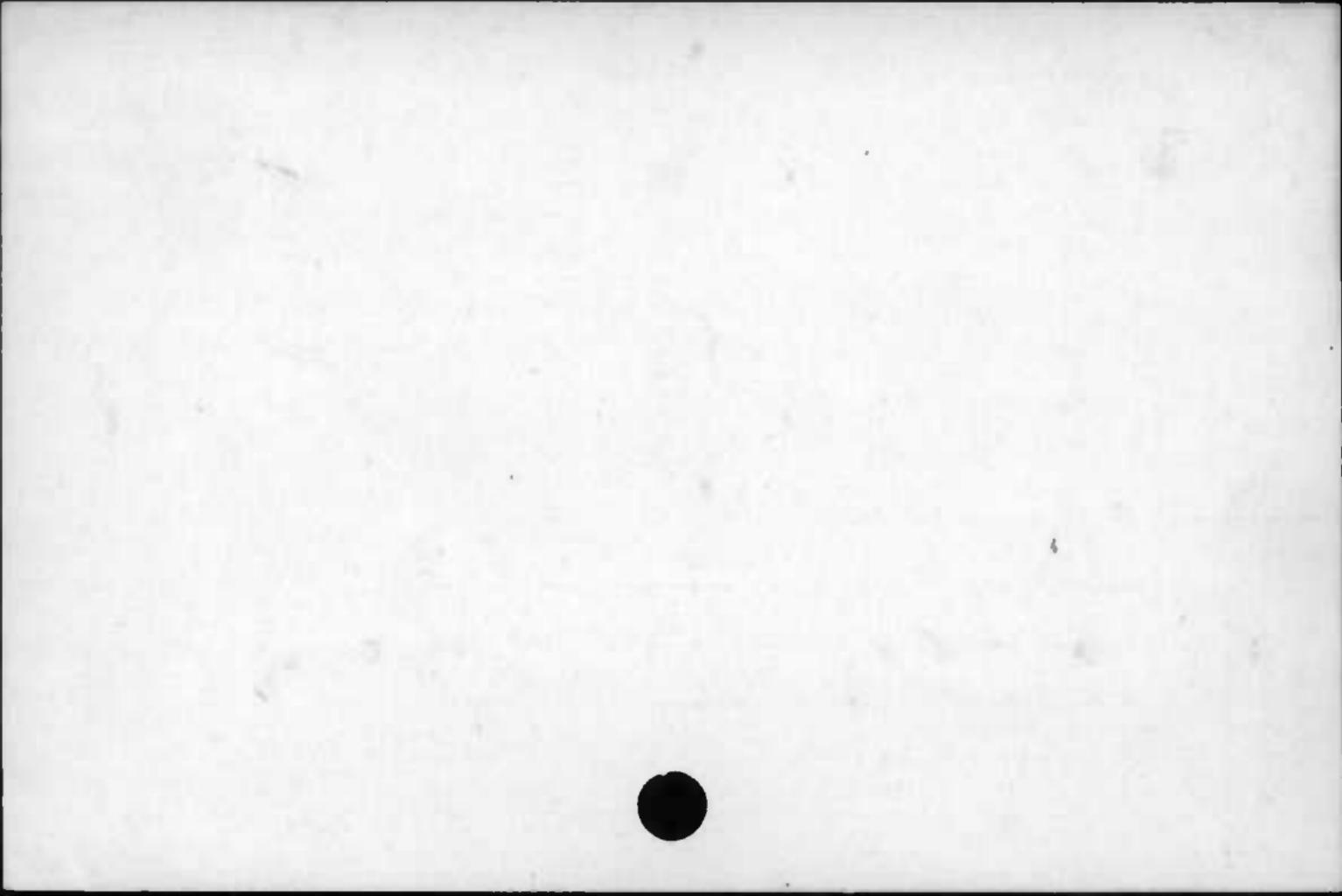
Two weeks

Signature of Physician

Address

J. G. Cappagno  
Church Hill Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

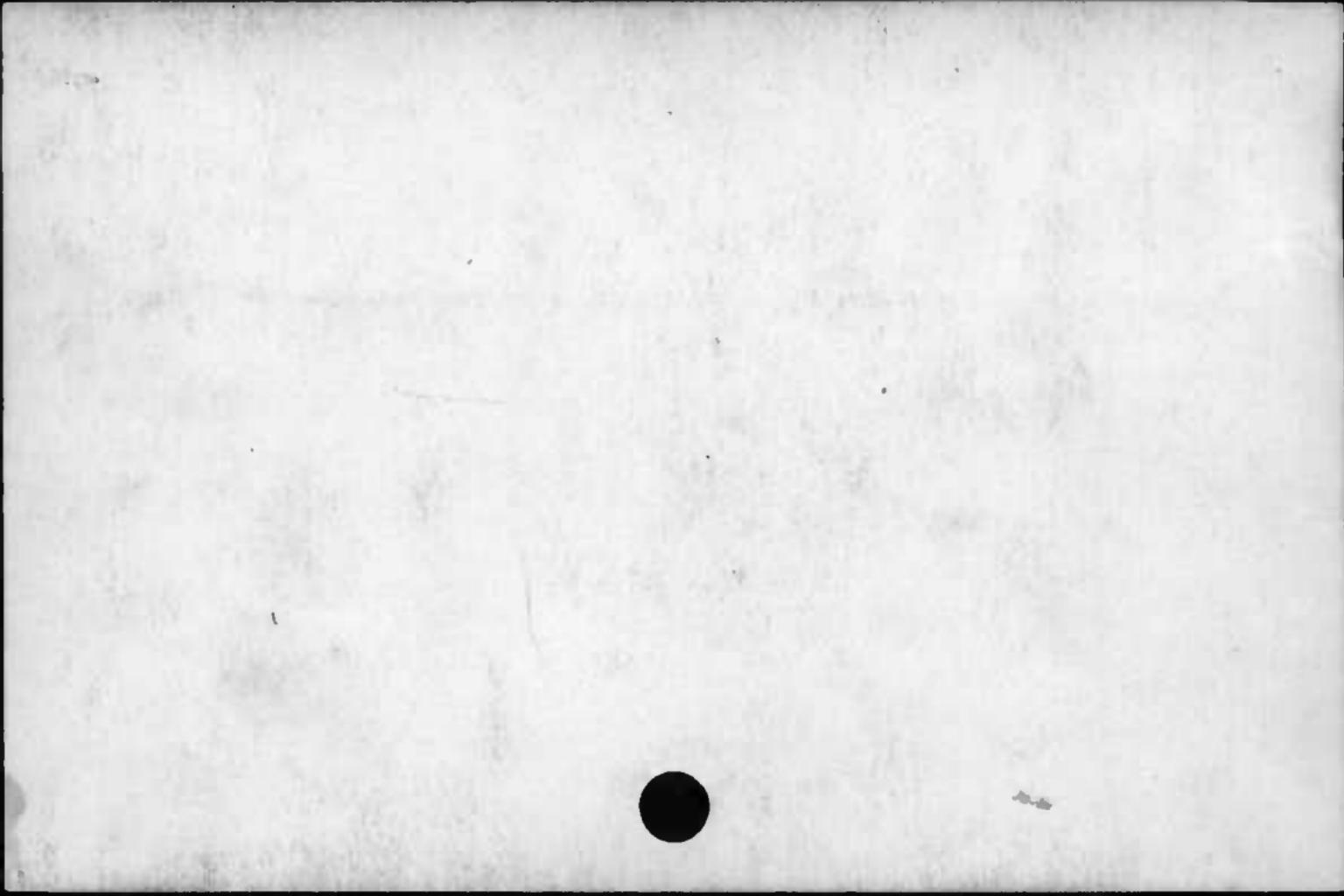
Died at <u>Bear</u>		Town <u>Inglewood</u>	County <u>Talbot</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>19</u>	Age <u>Infant</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>L. &amp; C. Md.</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>George Tiller</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Kate Brown</u>		Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Kate Brown</u>		How related to deceased <u>Sister</u>			
<b>CAUSES OF DEATH</b>					
Primary <u>Still Born</u>				How long	
Immediate				How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month 9	Day 4	Age 58	Years	Months	Days
Sex	Female	Color or Race	Negro		Birth- place	Rock Island	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Peter Tyler		Father's Birthplace	Rock Island	
Father's Name	Jessie Grinnage				Mother's Birthplace		
Mother's Maiden Name					How related to deceased	Husband	
Name of person giving Information	Peter Tyler						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Rheumatism

48

How long

12 years

Immediate

3 months

Are the name, age, sex, color, date  
and place correctly given above?

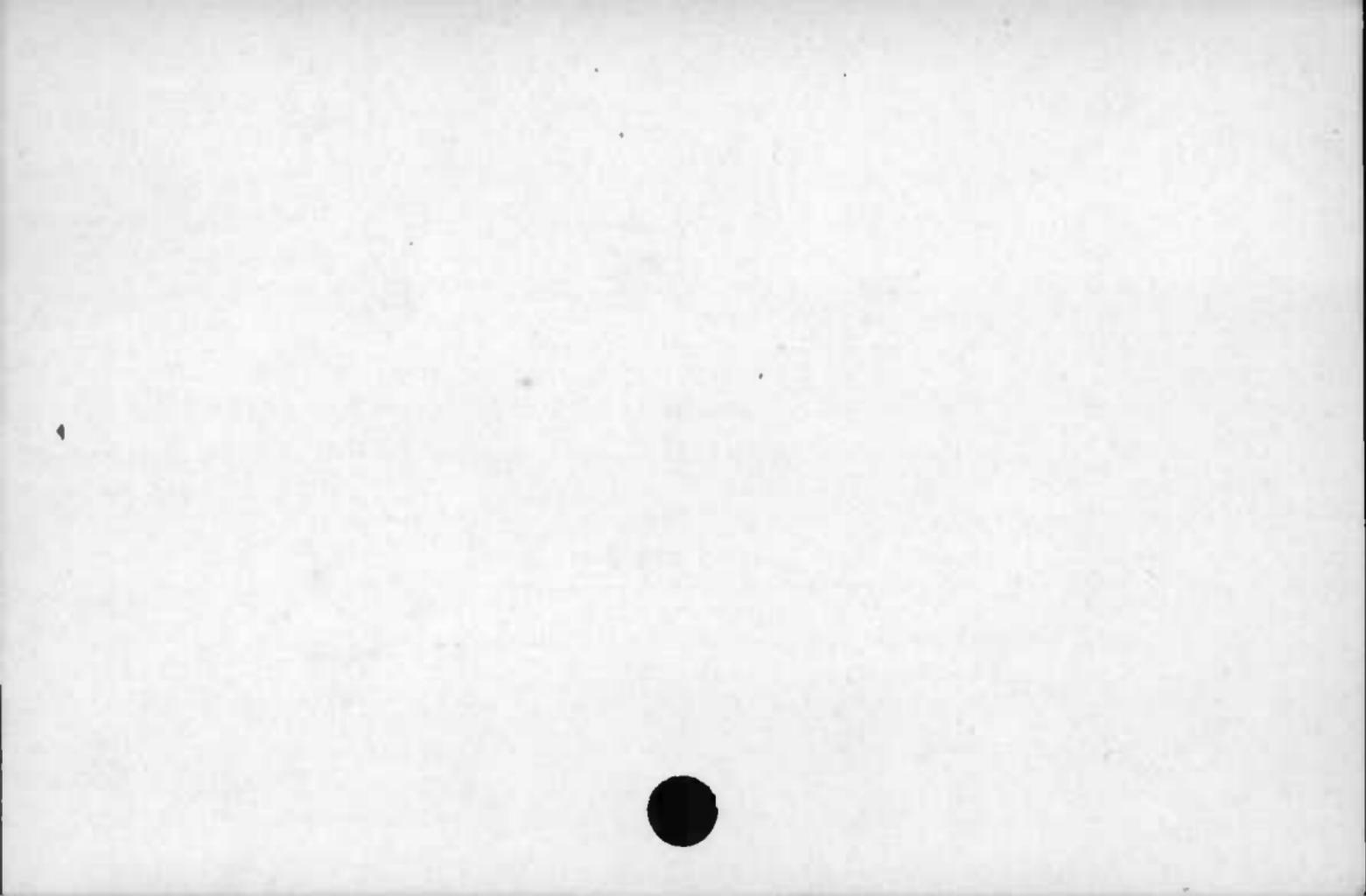
yes

Signature of  
Physician

Address

Peter W. Eddie M.D.  
Centreville  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Amanda Wilson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Collard	Birth-place
Occupation	Where Residing if not at place of death		
<u>Married, Single or Widowed</u>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

1906 7 28 Two Winchester

Female Noan

Samuel Wilson Winchester

M S Carter Winchester

Sam Wilson father

CAUSES OF DEATH

Primary

How long

Immediate

How long

one week

Are the name, age, sex, color, date and place correctly given above?

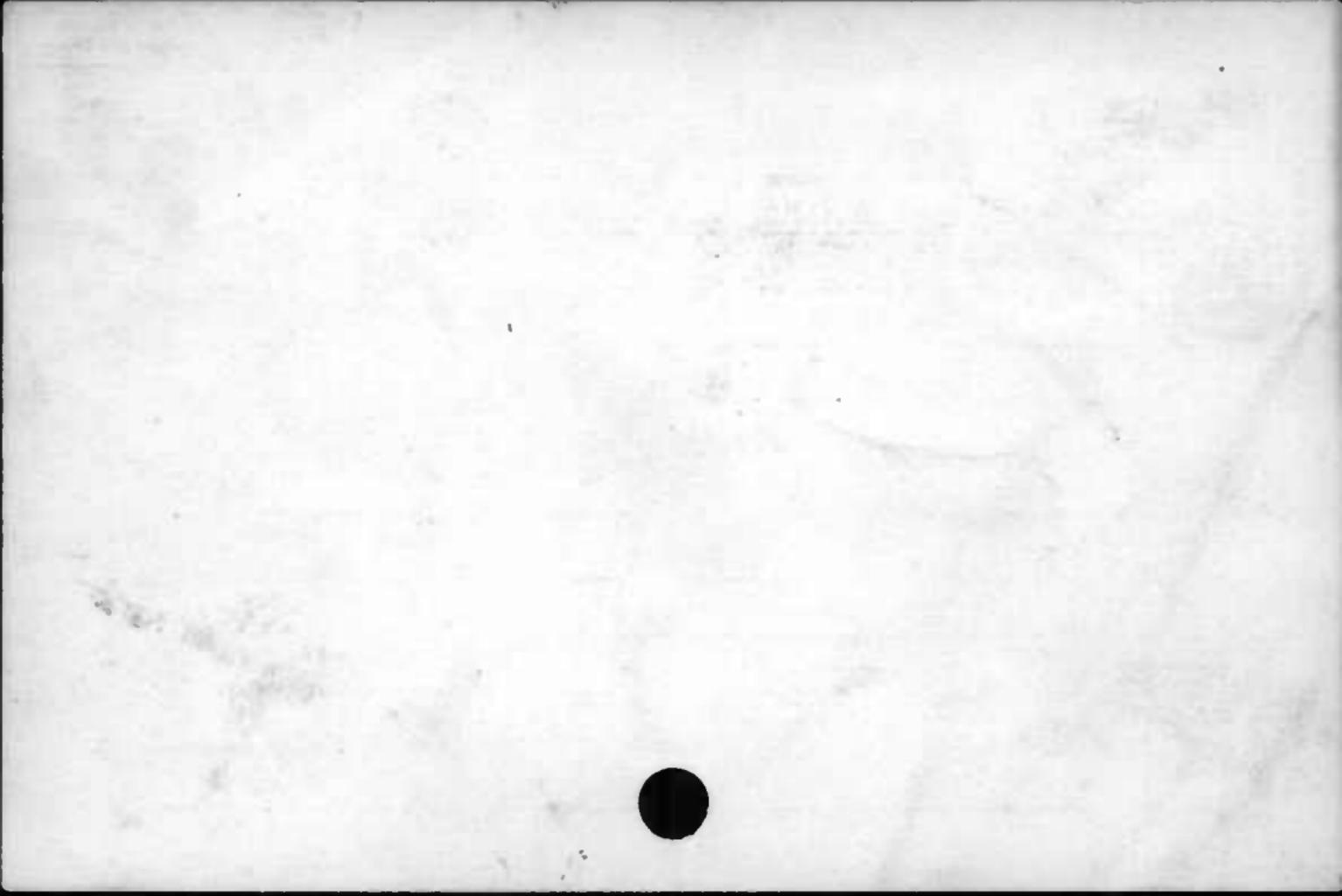
yes

Signature of Physician

Address

Mary J. Kowles  
Queens, Town, MD

Accident or Suicide?



Name  
In  
Full

Infant Child Yetter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age,		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Fritz Yetter			Father's Birthplace	Germany
Mother's Maiden Name	Sofie Rucker			Mother's Birthplace	"
Name of person giving Information	Fritz Yetter			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary : Hepatitis

114

How long

4 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Moorehead MD  
Centerville  
Tazewell

Accident or Suicide?

no

